

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101303

1. Entity Name

EURO MORTGAGE SERVICES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90089 034 ***150.00

Principal Place of Business

8433 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33351

Mailing Address

8433 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33351-4373

2. Principal Place of Business

8202 NW 58 ST.
Suite, Apt. #, etc.

3. Mailing Address

8202 NW 58 ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

65-0878323

Applied For

Not Applicable

Zip

33321

Country

FLORIDA

Zip

33321

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SVOBODA, LIDA
8433 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

Name: LIDA SVOBODA
Street Address (P.O. Box Number is Not Acceptable):
8202 NW 58 ST.
City: TAMARAC FL Zip Code: 33321

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	SVOBODA, LIDA	
STREET ADDRESS	8433 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	SVOBODA, LIDA	
STREET ADDRESS	8433 W. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8202 NW 58 STREET
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8202 NW 58 STREET
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SVOBODA, LIDA

3-1-00

Date

Daytime Phone #

CR2E034 (9/99)